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| Case Number: | CM15-0077734 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 05/05/2008 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old female, who sustained an industrial injury on May 5, 2008. The injured worker was diagnosed as having status post left carpal tunnel release with painful scar, right carpal tunnel syndrome, cervical strain, central canal stenosis, pectoralis major tendinitis, cervical spine disc protrusion, upper extremities radicular pain/neuropathic pain, left shoulder impingement syndrome, left pectoralis major tendinitis, and left lateral epicondylitis. Treatment to date has included electro-neurodiagnostic study, functional capacity evaluation, and medication. Currently, the injured worker complains of bilateral wrist pain with numbness and tingling to her hands, cracking in her neck, and left shoulder pain. The Primary Treating Physician's report dated March 11, 2015, noted the cervical spine with positive tenderness over the paracervical musculature, parascapular musculature bilaterally, and pectoralis major musculature bilaterally, with muscle spasms in the paracervical musculature. The left shoulder was noted to have tenderness over the left pectoralis major musculature, with positive Neer's, Hawkin's, and arc of motion. The right wrist was noted to have positive Tinel's, Phalen's, and median nerve compression tests, and the left wrist with positive tenderness over the A-1 pulley of the left thumb. The treatment plan was noted to include the injured worker was indicated for carpal tunnel release surgery of her bilateral wrists, and refills of her Diclofenac XR and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is no evidence of carpal tunnel syndrome on the bilateral upper extremity EMG done 6/19/10. There is another letter referencing the same study indicating decreased amplitude but no evidence of increased latency on the right. Based on the above, carpal tunnel diagnosis has not been established and therefore surgery is not medically necessary.